Case 06-31766 Doc 32-1 Filed 11/01/06 Entered 11/01/06 16:00:12 Desc Schedules Part 2 Page 1 of 18

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			-
In re	JEMSEK CLINIC, P.A.	Case No.	06-31766
	Debtor		(If known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED		AMOUNT OF CLAIM
ACCOUNT NO.	丁			H		H	t	
Dash Courier Service			Unsecured -Trade				\$	112.53
P O Box 11049			•				l	
Charlotte NC 28220-1049,								
A COOLDET NO	4			<u> </u>	<u> </u>		L	
ACCOUNT NO. David M. Chilman	-		Unsecured -Trade	l			\$	22 201 00
PO Box 98836	1		Onsecured -11ade			İ	J.	22,301.00
	1							
Raleigh NC 27624-8836,								
ACCOUNT NO.	-						_	
DHL Express Inc.	1		Unsecured -Trade				\$	48.00
PO Box 4723							"	.0.00
Houston TX 77210,								
ACCOUNT NO.								
Diversified Telecom			Unsecured -Trade				\$	584.30
301 S. McDowell St.	l							
Charlotte NC 28204,								
ACCOUNT NO.	╂—							
Drum, Sharon	1		Unsecured - Employee - Expenses				\$	20.47
7920 Mariners Pointe Circle			Choconica Employee - Expenses				ψ	20.47
Denver,			 					
Sheet No	. 3	of 12	sheets attached to Schedule of	S	ubtota	ıl ▶.	\$	23,066.30
·	Creditors Holding Unsecured Nonpriority Claims							,
Total ▶						\$	-	
(Use only on last page of the completed Schedule F)						- 1		
			(Report total also on Summa	ry of S	Schedu	les)		

Case 06-31766 Doc 32-1 Filed 11/01/06 Entered 11/01/06 16:00:12 Desc Schedules Part 2 Page 2 of 18

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In re	JEMSEK CLINIC, P.A.			-
ште _		Case No.	06-31766	
	Debtor			(If known)

	· ·						
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.					一		
Etactics PO Box 551			Unsecured -Trade				\$ 427.31
Medina OH 44258,					İ		
ACCOUNT NO.				\vdash	十	-	
Federal Express			Unsecured -Trade				\$ 182.11
PO Box 94515				1	- 1	i	102.11
Palatine IL 60094-4515,							
ACCOUNT NO.						_	manual .
First-Citizens Bank & Trust Company C/o Loan Servicing Dept - DAC20 PO Box 26592 Raleigh, NC 27611-6592,			Unsecured - Loan				\$ 435,758.18
ACCOUNT NO.						4	
Fluent Language Solutions PO Box 563308	:		Unsecured -Trade				\$ 144.24
Charlotte NC 28256-3308,							
ACCOUNT NO.				_ _	_	4	
Forms & Supply Inc. PO Box 563953	ļ		Unsecured -Trade				\$ 657.03
Charlotte NC 28256,							
. Sheet No.			sheets attached to Schedule of	Sul	btotal	+	\$ 437,168.87
Creditors Holding Unsecured Nonpriority Claims				Ļ			
Total ► (Use only on last page of the completed Schedule F) (Report total also on Summary of Schedules)					F)	\$ -	

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Form	B6F	(10/05)

In re	JEMSEK CLINIC, P.A.	 Case No.	- 06-31766
	Debtor		(If known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	СОБЕВТОК	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	i .	DUNT OF LAIM
ACCOUNT NO.				 		_		
GE Medical Systems PO Box 402076 Atlanta GA 303842076,			Unsecured -Trade				\$	468.75
ACCOUNT NO.	<u> </u>			$\vdash \vdash$				
Hartford Insurance PO Box 2907			Unsecured -Trade				\$	1,045.50
Hartford CT 06104-2907,								
ACCOUNT NO.								
Hirease, Inc. PO Box 2559 Southern Pines NC 28388,			Unsecured -Trade				\$	68.00
Southern Fines INC 26506,								
ACCOUNT NO. ImageFIRST Healthcare Laundry Servic PO Box 7416	ces		Unsecured -Trade				\$	162.74
St. Davids PA 19087-7416,								
ACCOUNT NO. Inland Mid-Atlantic Management Corp. 4687 Paysphere Cir.			Unsecured -Trade				\$	4,361.62
Chicago IL 60674,								
. Sheet No.			heets attached to Schedule of	St	ıbtotal	F	\$	6,106.61
	Credito	rs Holdin	g Unsecured Nonpriority Claims			Ĺ		,
					Total	- 1	\$	-
(Use only on last page of the completed Schedule F								
			(Report total also on Summar	y of S	chedul	es)		i

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Form	B6F	11	O/C	151

In reJEMSEK CLINIC, P.A.	Cası	se No.	06-31766
Debtor			(If known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						┢	
James A. Wilson 5322 Highgate Drive Suite 243 Durham NC 27713,			Unsecured -Trade				\$ 18,119.87
ACCOUNT NO. Jemsek, Joseph G. 2215 Sharon Lane			Unsecured - Loan				\$ 115,000.00
Charlotte,							
ACCOUNT NO.	╁			-			
Jemsek, Kay 2215 Sharon Lane Charlotte,			Unsecured - Loan				\$ 54,000.00
ACCOUNT NO. Kwik Kopy Business Center 16735 Cranlyn Rd. Suite A Huntersville NC 28078,			Unsecured -Trade				\$ 117.61
Humoisvino 110 20070,							
A CCOUNT NO	-			_		_	
ACCOUNT NO. Linde Gas, LLC PO Box 534109			Unsecured -Trade				\$ 256.29
Atlanta GA 303534109,			·				
Sheet No.	6	of 12	sheets attached to Schedule of		ubtota		\$ 187,493.77
Sheet 140			g Unsecured Nonpriority Claims	٥	LUIUIA		Ψ 10/, 4 73.//
					Tota	- 1	\$ -
			(Use only on last page of the comple (Report total also on Summar			- 1	
			(***port toma mad on duminar	, ~			

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In re	JEMSEK CLINIC, P.A.	Case No. 06-31766	
	Debtor	0	If known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED		AMOUNT OF CLAIM
ACCOUNT NO.				\vdash		H	 	*******
McCollister, Angela 136 Sailwinds Road			Unsecured - Employee - Expenses				\$	8.10
Mooresville,								
ACCOUNT NO.	1			_			-	
McGuireWoods, LLP 901 E. Cary St.			Unsecured -Trade				\$	2,643.00
Richmond VA 23286-0645,								
ACCOUNT NO.	1			_				
Medical Arts Press PO BOX 94777			Unsecured -Trade				\$	419.06
Palatine IL 60094-4777,		i						
ACCOUNT NO.						-		
MGMA PO Box 17603			Unsecured -Trade				\$	23,239.06
Denver CO 80217-0603,								
ACCOUNT NO.				_	_			
MHC Services, Inc.			Unsecured -Trade				\$	338.13
2103 Sullivan Street			· ·				Ф	220.13
Greensboro NC 27405,								į
Sheet No.			sheets attached to Schedule of g Unsecured Nonpriority Claims	S	ubtota	1 🕨	\$	26,647.35
	J. CUIII	AAOIGIII	6 Charles Homphority Claims		Tota	ı⊾ŀ	s	<u> </u>
			(Use only on last page of the comple	ted Sc		- 1	-	_
			(Report total also on Summar	y of S	chedu	les)		

Case 06-31766 Doc 32-1 Filed 11/01/06 Entered 11/01/06 16:00:12 Desc Schedules Part 2 Page 6 of 18

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In re	JEMSEK CLINIC, P.A.		Case No.	06-31766	
	Debtor	•		(If kı	nown)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MISYS PO Box 751585 Charlotte NC 28275-1585,			Unsecured -Trade				\$ 738.80
ACCOUNT NO. Nalle Pharmacy 1918 Randolph Road Charlotte NC 28207,			Unsecured -Trade				\$ 80.63
ACCOUNT NO. Nexsen Pruet Adams Kleemeier PO Drawer 2426 Columbia SC 29202,			Unsecured -Trade				\$ 58.00
ACCOUNT NO. Pensys 2233 Watt Ave. Ste. 330 Sacramento CA 95825,			Unsecured -Trade				\$ 1,290.00
ACCOUNT NO. Physician Sales & Service, Inc. PO Box 680938 Charlotte NC 28216,			Unsecured -Trade				\$ 6,503.63
Sheet No.			sheets attached to Schedule of g Unsecured Nonpriority Claims	S	ubtota Tota		\$ 8,671.06 \$ -
			(Use only on last page of the comple (Report total also on Summar		hedule	F)	•

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rorm	BOL	(10/05)	1)

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In re	JEMSEK CLINIC, P.A.	Case No.	06-31766	
	Debtor		II)	f known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED		AMOUNT OF CLAIM
ACCOUNT NO. Pride Publishing PO Box 221841 Charlotte, NC 28222,			Unsecured -Trade				\$	618.00
ACCOUNT NO. Purchase Power PO Box 856042 Louisville KY 40285-6042,			Unsecured -Trade				\$	1,446.96
ACCOUNT NO. Quest Diagnostics PO Box 740736 Atlanta GA 30374-0736,			Unsecured -Trade				\$	55,446.96
ACCOUNT NO. Scottish Bank 325 South Sharon Amity Rd. Charlotte, NC 28211,			Unsecured - Loan				\$	1,220,012.00
ACCOUNT NO. Shred-It Charlotte 1859 Lindbergh St. Suite 200 Charlotte NC 28208,			Unsecured -Trade				\$	495.00
Sheet No.	,		sheets attached to Schedule of g Unsecured Nonpriority Claims	s	ubtota Tota		\$	1,278,018.92
			(Use only on last page of the comple	eted So			*	-

(Report total also on Summary of Schedules)

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In re	JEMSEK CLINIC, P.A.	Case No.	06-31766	
	Debtor		,	(If known)

					,		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
SIM	ł		Unsecured -Trade				\$ 7,062.25
PO Box 36612	1						
Charlotte, NC 28236-6612,							
ACCOUNT NO.	-						
Stericycle, Inc.	-		Unsecured -Trade				\$ 161.52
PO Box 9001590			Onsocured - Trade				Φ 101,32
	1			İ			
Louisville KY 40290-1590,							
ACCOUNT NO.	-					\dashv	
Study Manager	1		Unsecured -Trade			Į	\$ 54.00
520 Pike St. Suite 2522							-
Seattle WA 98101,							
ACCOUNT NO.	╂					\dashv	
Techstructures	1		Unsecured -Trade	ı	- 1	İ	\$ 671.70
1950 Abbott St Suite 601						- 1	
Charlotte NC 28203,				4	3		
ACCOUNT NO.				_	_	\parallel	
Teleco, Inc.	1	İ	Unsecured -Trade				\$ 145.00
7580 E. Independence Blvd.							
Charlotte NC 28227 ,							
Sheet No	. 10	of 12	sheets attached to Schedule of	Si	ubtotal	┥	\$ 8,094.47
			g Unsecured Nonpriority Claims	٠,			- 0,077.47
					Total	•	\$ -
			(Use only on last page of the comple				
			(Report total also on Summa	y of S	chedul	es)	

Case 06-31766 Doc 32-1 Filed 11/01/06 Entered 11/01/06 16:00:12 Desc Schedules Part 2 Page 9 of 18

Form	RAF	(10/05)	١

In re	JEMSEK CLINIC, P.A.	Case No.	- 06-31766
	Debtor		(If known)

INCLUDING ZIP CODE, AND ACCOUNT NUMBER Solid Section Sectio								
The Charlotte Observer PO Box 32188 Charlotte NC 28232-2188, ACCOUNT NO. Time Warner Cable PO Box 70872 Charlotte, NC, Time Warner Telecom PO Box 172567 Denver CO 80217-2567, ACCOUNT NO. Verizon Wireless PO Box 660108 Dallas TX 75266-0108, ACCOUNT NO. Virtual Officeware, Inc. Unsecured -Trade \$ 2,988.65 \$ 2,988.65 \$ 3,828.65 Unsecured -Trade \$ 3,828.80 \$ 497.34	MAILING ADDRESS INCLUDING ZIP CODE,	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Time Warner Cable PO Box 70872 Charlotte, NC, ACCOUNT NO. Time Warner Telecom PO Box 172567 Denver CO 80217-2567, Verizon Wireless PO Box 660108 Dallas TX 75266-0108, ACCOUNT NO. Virtual Officeware, Inc. Unsecured -Trade Unsecured -Trade S 58.06 \$ 3,828.80 Unsecured -Trade Unsecured -Trade S 497.34	The Charlotte Observer PO Box 32188			Unsecured -Trade				\$ 2,988.65
Time Warner Telecom PO Box 172567 Denver CO 80217-2567, ACCOUNT NO. Verizon Wireless PO Box 660108 Dallas TX 75266-0108, ACCOUNT NO. Virtual Officeware, Inc. Unsecured -Trade \$ 3,828.80 \$ 497.34	Time Warner Cable PO Box 70872			Unsecured -Trade				\$ 58.06
Verizon Wireless	Time Warner Telecom PO Box 172567			Unsecured -Trade				\$ 3,828.80
ACCOUNT NO. Virtual Officeware, Inc. Unsecured -Trade \$ 3,312.00	Verizon Wireless PO Box 660108			Unsecured -Trade				\$ 497.34
Cleveland, OH 44101,	ACCOUNT NO. Virtual Officeware, Inc. PO Box 76828			Unsecured -Trade				\$ 3,312.00
Total ▶ S -				(Use only on last page of the comple (Report total also on Summar		hedul	F)	-

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In re	JEMSEK CLINIC, P.A.	Case No.	06-31766	-
	Debtor			(If known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED		AMOUNT OF CLAIM
ACCOUNT NO.						_	-	*****
Womble Carlyle Sandridge & Rice, PL 301 South College St. Suite 3500	LC		Unsecured -Trade				\$	3,070.00
Charlotte NC 28202-6037,								
ACCOUNT NO.	_						ļ	
ACCOUNT NO.							\$	-
-								
,			;					
ACCOUNT NO.								
-							\$	-
-								
-								
ACCOUNT NO.							Ф	
- -							\$	-
			â					
-								
ACCOUNT NO.								
·]				J]		\$	-
	ı		i		- 1			
,								
				I				
Sheet No.			sheets attached to Schedule of	Ş	ubtotal	F	\$	3,070.00
	Credite	ors Holdin	g Unsecured Nonpriority Claims		Tr 1	.	or .	2.006.005.00
			(Use only on last page of the comple	ted Sc	Total hedule		\$	2,006,985.80
(Report total also on Summary of Schedules)								

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(10/05)				
In re	JEMSEK CLINIC, P.A.	Case No.	06-31766	
	Debtor	0	f known)	

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser, "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE ANE NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT.
AIG Life Insurance Co. PO Box 62046	Insurance Contract
Baltimore, MD	
Air Products and Chemicals, Inc. PO Box 360545M	Service Agreement
Pittsburgh, PA 15251	-
Bank of America PO Box 30137	Vehicle Financing
Tampa, FL 33630	-
BCBS of North Carolina PO Box 30071	Insurance Contract
Durham, NC 27702	
Bell South Advertising and Publishing PO Box 105852	Service Agreement
Atlanta, GA 30348	:
Bentley, Susan W. PO Box 740249	Contract Employee
Tuscumbia, AL 35674	
Carolina Cryogenics 2800 A.B. Jackson Rd	Service Agreement
Clinton, SC 29325	

Form B6G

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in re	JEMSEK CLINIC, P.A.	Case No.	06-31766	
Form B6G (10/05)				

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser, "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT.
CD Capital PO Box 41601 Ref. No. 24679173 Philadelphia, PA 19101-1601	Service Agreement
Charlotte Copy Data 4404 A Stuart Andrew Blvd. - Charlotte, NC 28217	Service Agreement/Copier Leases
Cieza, Octavio 120 Clusters Circle Mooresville, NC 28117	Employment Agreement
CPI Security Systems PO Box 580375 Charlotte , NC	Service Agreement
Cruickshank, Frederick A. 8544 Townley Rd. Apt. 3G	Employment Agreement
CT Communications PO Box 70526 Charlotte,, NC 28272	Service Agreement
Diversified Telecom 301 S. McDowell St. Charlotte , NC 28204	Service Agreement

Sheet No.

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	Debtor	-	(If known)	
In re	JEMSEK CLINIC, P.A.	Case No.	06-31766	
(10/05)				

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser, "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

Check this box if debtor has no executory contracts or unexpired leases. NAME AND MAILING ADDRESS, DESCRIPTION OF CONTRACT OR LEASE AND INCLUDING ZIP CODE, NATURE OF DEBTOR'S INTEREST, STATE OF OTHER PARTIES TO LEASE OR CONTRACT. WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT. Dr. Lauri Byerley Contract Employee 11926 Ulsten Lane Huntersville, NC 28078 Eastern Life and Health Insurance Contract PO Box 83011 Lancaster, PA 17608 GE Medical Systems Service Agreement PO Box 402076 Atlanta, GA 30384-2076 Guardian Insurance Contract PO Box 95101 Chicago, IL 60694 Hartford Insurance Insurance Contract PO Box 2907 Hartford, CT 06104-2907 Inland Mid-Atlantic Management Corp. Real Estate Lease 4687 Paysphere Cir. Chicago, IL 60674 Market Impact Associates Marketing Agreement PO Box 3573 Huntersville, NC 28070

Sheet No.

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(10/05)				
In re	JEMSEK CLINIC, P.A.	Case No.	06-31766	
	Debtor		If known)	

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser, "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

Check this box if debtor has no executory contracts or unexpired leases. NAME AND MAILING ADDRESS, DESCRIPTION OF CONTRACT OR LEASE AND INCLUDING ZIP CODE, NATURE OF DEBTOR'S INTEREST, STATE OF OTHER PARTIES TO LEASE OR CONTRACT. WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT. Medical Mutual Insurance Contract P O Box 30728 Dept. 251 Charlotte, NC 28230 MHC Services, Inc. Service Agreement 2103 Sullivan Street Greensboro, NC 27405 MISYS Service Agreement PO Box 751585 Charlotte, NC 28275-1585 National Welders Service Agreement PO Box 34513 Pensys, Inc. Service Agreement 8816 Red Oak Blvd Suite 120 Charlotte, NC 28217 Pitney Bowes - Purchase Power Service Agreement PO Box 856042 Louisville, KY 40285 Quest Diagnostics Service Agreement PO Box 740736 Atlanta, GA 30374-0736

Sheet No.

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In re	JEMSEK CLINIC, P.A.	Case No.	06-31766		
(10/05)					

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser, "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

Check this box if debtor has no executory contracts or unexpired leases.	
NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT.
Rosedale Infectious Disease, LLC 16630 North cross Drive - Huntersville, NC 28078	Any and All Contracts
Rosedale Medical Center 16630 North cross Drive - Huntersville, NC 28078	Real Estate Leases
Rowan Regional Medical Center 612 Mocksville Ave - Salisbury, NC 28144	Use of Premises - no monetary amounts - - - -
Southeast Toyota Finance PO Box 31453 - Tampa, FL 33631	Service Agreement - - -
Stephanie Burns 8001 Bradenton Dr. - Charlotte, NC 28210	Contract Employee - - - -
Techstructures 1950 Abbott St Suite 601 - Charlotte, NC 28203	Service Agreement - - -
Time Warner Cable 3140 W. Arrowood Road Charlotte, NC 28273	Service Agreement - - - -

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	Debtor	(I	f known)	
In re	JEMSEK CLINIC, P.A.	Case No.	06-31766	
(10/05)				
rom BoG				

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all Executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser, "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007 (m)

Check this box if debtor has no executory contracts or unexpired leases.	
NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTACT.
Time Warner Telecom PO Box 172567	Service Agreement - -
Denver, CO 80217-2567	-
Verizon Wireless PO:Box 660108 Dallas, TX 75266-0108	Service Agreement - - - -
Virtual Officeware PO Box 76828 - Cleveland, OH 44101	Service Agreement - - -
- - -	- - -
- - · -	- - -
- - -	- - - -
 - -	- - -

Sheet No.

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LOKIM BOLL					
(10/05)					
In re	JEMSEK CLINIC, P.A.	,	Case No.	06-31766	
	Debtor			(if known)	

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. 112; Fed. Bankr. P. 1007(m).

Check this box if debtor has no codebtors

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
First-Citizens Bank & Trust Company Mecklenburg Commercial Banking C/o Loan Servicing Dept - DAC20 PO Box 26592 Raleigh, NC 27611-6592 Upfit Loan	Joseph G. Jemsek, MD 14330 Oakhill Park Lane #200 Huntersville, NC 28078
First-Citizens Bank & Trust Company Mecklenburg Commercial Banking C/o Loan Servicing Dept - DAC20 PO Box 26592 Raleigh, NC 27611-6592 Equipment Line	Joseph G. Jemsek, MD 16630 Northcross Dr. Ste 102 Huntersville, NC 28078
First-Citizens Bank & Trust Company C/o Loan Servicing Dept - DAC20 PO Box 26592 Raleigh, NC 27611-6592 Line of Credit	Joseph G. Jemsek, MD 16630 Northcross Dr. Ste 102
The Scottish Bank 1057 Providence Road Charlotte, NC 28207	Joseph G. Jemsek, MD 16630 Northcross Dr. Ste 102

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(if Known)

(10/05)

In re _____ JEMSEK CLINIC, P.A.____, Case No.______ 06-31766

Official Form 6 -Decl.

Debtor

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR
I declare under penalty of perjuty that I have read the foregoing summary and schedules, consisting of 58
(Total shown on summary page plus I.) sheets, and that they are true and correct to the best of my knowledge, information, and belief.
Date Signature
DateSignature
DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. 110(b), 110(b) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. 110(b) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. 110.) If the bankruptcy petition is not an individual, state the name, title (if any), address, and social security number of the officer, principal, rexponsible person or partner who signs this document.
X Signature of Hankruptcy Petition Preparer Date
Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:
If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both, 11 U.S.C. 110: 18 U.S.C. 156.
DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP
1, the OUNES [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of
the partnership] of the Temsek Clinic, PA [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I
have read the following summary and schedules, consisting of 58 sheets, and that they are true and correct (Total shown on summary page plus 1.)
to the best of my knowledge, information, and belief.
Date 10-31-06 Signature Joseph G. Jemsek Printer type name of individual signing on behalf of debtor)
[An individual signing on behalf of a partnership or corporation must indicated position or relationship to debtor.]

^{——} Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. 152 and 3571.